

VIA FACSIMILE: 1-703-872-9306

Atty. Docket No. AUTO 116-C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Pia Tibbits
Group Art Unit : 2838
Appln. No. : 10/681,713
Filing Date : October 8, 2003
Applicants : Bruce G. Poe et al.
For : CURRENT SENSE CIRCUIT
Confirmation No. : 6721

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OFFICIAL

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the Patent and Trademark Office on the date shown below:

1. Claims as Amended Form
2. Request for Reconsideration and Remarks
3. Authorization to Charge Deposit Account
4. Assignment (copy as filed from previously filed patent)
5. Terminal Disclaimer to Obviate a Double Patenting Rejection Over a Prior Patent
6. Statement under 37 C.F.R. § 3.73(b) Establishing Right of Assignee to take Action

YOU SHOULD RECEIVE A TOTAL OF 14 PAGES.

April 27, 2004
Date

Katie E. Dykgraaf
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GENTEX CORPORATION
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Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*00	Minus	**00	=00	x \$0	\$00	x 00	\$
Independent Claims	*00	Minus	**00	=00	x \$00	\$00	x 00	\$
First Presentation of Multiple Dependent Claims \$000						\$00	x000	\$00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$00		\$000

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

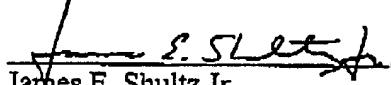
Attorney Docket No. AUTO 116-C1

**** The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ Small entity status of this application 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. ☐ No additional fee is required.
3. ☐ A check in the amount of \$ is enclosed.
4. ☒ Charge Terminal Disclaimer Fee under 37 CFR 1.20(d) in the amount of \$110.00 to Deposit Account 07-1070.
5. ☒ Please charge all fees or credit overpayment to Deposit Account No. 07-1070. A duplicate of this sheet is attached.

Date: Apr. 27, 2004

Respectfully submitted,


James E. Shultz Jr.
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600 North Centennial Street
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First Presentation of Multiple Dependent Claims \$000						\$00	x000	\$00
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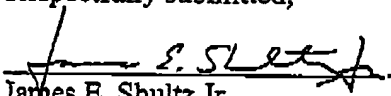
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REQUEST FOR RECONSIDERATION

Sir:

In response to the Office Action dated February 20, 2004 the Applicant offers the following response:

Please reconsider the application in light of the following remarks:

Remarks begin on page 2 of this paper.